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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Tennessee Republican Party Federal Election Account 95 White Bridge Rd ADDRESS (number and street) Suite 414 (Check if address is changed) Nashville 37205-1488 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brewer@tngop.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) tngop.org (Check if address is changed) DATE 29 2020 C00040220 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Haynes, Shannon, , Hon., Type or Print Name of Treasurer Haynes, Shannon, , Hon., [Electronically Filed] 09 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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	OF COMMITTEE date Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidat					
Candidat Party Aff	7.1117				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidat					
Party C	Committee: (National, State (Democratic,				
(d)	This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican,				
Politica	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a			
	Corporation Corporation w/o Capital Stock Labor Org	anization			
	Membership Organization Trade Association Cooperative	re			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fu	undraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds for two or more procedures for the procedures for the procedure for two or more procedures for the procedure for the procedures for the procedures for the procedure for the p	olitical			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.	olitical			
С	Committees Participating in Joint Fundraiser				
1	. J				
2	2.				
3	3.				
4		-			

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Write or Type Committee Na	ame		
Tennessee Ro	epublican Party Feder	al Election Acco	ount
6. Name of Any Connecte	d Organization, Affiliated Committee, Joi	nt Fundraising Representative	, or Leadership PAC Sponsor
Trump Victory			<u> </u>
Mailing Address	138 Conant St.		
3	2nd Floor		
	Beverly	MA	01915-1666
	CITY	STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee	✗ Joint Fundraising Representation	ative Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number -	- optional) and position of the p	person in possession of committee
Brewer	T, Troy, , Mr.,		
Full Name	95 White Bridge Rd		
Mailing Address	Ste 207		
			27225 1422
	Nashville	TN	37205-1482
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	615 - 269 - 4260
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of g., assistant treasurer).	f the treasurer of the committee	; and the name and address of
Full Name Haynes of Treasurer	s, Shannon, , Hon.,		
Mailing Address	PO Box 254		
	Alamo	TN	38001-0254
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	731 - 234 - 6612

	(Revised 02/2009)	
Full Name of Designated Agent B	Brewer, Troy, , Mr.,	
Mailing Address	95 White Bridge Rd	
	Ste 207	
	Nashville TN 3720	5-1482
	CITY STATE	ZIP CODE
Title or Position Designated Agent	Telephone number 615 –	269 – 4260
Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, his or maintains funds.	olds accounts, rents
Banks or Other De safety deposit boxes Name of Bank, Dep	s or maintains funds.	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds.	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. Chain Bridge Bank	olds accounts, rents
safety deposit boxes Name of Bank, Dep	chain Bridge Bank 1445-A Laughlin Ave	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. Chain Bridge Bank	
safety deposit boxes Name of Bank, Dep	chain Bridge Bank 1445-A Laughlin Ave	
safety deposit boxes Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	11
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	11
Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Dository, etc.	11
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Tirstbank	11
Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Oository, etc.	ZIP CODE
Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Tirstbank	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	, , , , , , , , , , , , , , , , , , ,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	NRSC Targeted S		3 1	
	Mailing Address	PO Box 60148		
		1		
		Washington	l DC	20039-0148
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	
			- anatalong Hoprocont	
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
	Ü			
		CITY	STATE A	7ID CODE A
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thin the inintains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank,	ries: List all banks or other depositories in which thin tains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the initial state of the state	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thin tains funds.	the committee deposit	s funds, holds accounts, rents